

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 6-93c)

See Instructions and *Privacy
Statement On Reverse Side

Page _____ of _____ Pages

CLAIMANT'S NAME R. Steven Tharratt			SSN or EMPLOYEE NUMBER*			DEPARTMENT EMS Authority			
POSITION Director			CB/ID No.		DIVISION or BUREAU Executive			INDEX NUMBER	
RESIDENCE ADDRESS *					HEADQUARTERS ADDRESS 1930 9th Street			TELEPHONE NUMBER (916) 322-4336	
CITY El Dorado Hills			STATE CA		ZIP CODE 95672		CITY Sacramento		
							STATE CA		
							ZIP CODE 95811		

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE TIME				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
3/4	5:30	El Dorado Hills to Sac Airport to Washington, DC		6.00	10.00	18.00			PC/T		12	6.80		40.80
3/5		Renaissance, Washington, DC	239.31				6.00							245.31
3/6	2200	Return to Sac - Drive to El Dorado Hills		6.00	10.00	18.00	6.00		T/PC		12	6.80		46.80
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
(10) SUBTOTALS			239.31	12.00	20.00	36.00	12.00	0.00		0.00	25	13.60	0.00	332.91
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

332.91

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

To attend and speak at the 3rd National Emergency Management Summit in Washington, D.C.

(12) NORMAL WORK HOURS

8-5

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

.55

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE

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POSITION Director		CB/ID No.		DIVISION or BUREAU				INDEX NUMBER	
RESIDENCE ADDRESS *				HEADQUARTERS ADDRESS 1930 9th Street				TELEPHONE NUMBER (916) 322-4336	
CITY El Dorado Hills		STATE CA		ZIP CODE 95672		CITY Sacramento		STATE CA	
								ZIP CODE 95811	

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2)				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME										MILES	AMOUNT		
3/23	1600	Sacramento to Los Angeles	125.47			18.00			PC	9.00	12	6.80		159.27
3/24			125.47	6.00	10.00	18.00	6.00			9.00				174.47
3/25	1700	Return to El Dorado Hills		6.00	8.00	18.00	6.00		PC	9.00	42	22.96		69.96
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
(10) SUBTOTALS			250.94	12.00	18.00	54.00	12.00	0.00		27.00	54	29.76	0.00	403.70
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

403.70

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

To attend and participate in the EMS Commission/EMDAC/EMSAAC meetings held in Los Angeles.

(12) NORMAL WORK HOURS

8-5

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

.55

AGENCY ACCOUNTING OFFICE
USE ONLY

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DATE